

Position Description Questionnaire - Supervisor's Section

Parts A, B, and C are to be completed by the immediate supervisor. Please forward both sections of the PDQ to your personnel representative.

Part A - ORGANIZATIONAL STRUCTURE

1. Incumbent's name and position number:
 2. Incumbent's current classification or exempt paygrade:
 3. Department, Division, Office:
 4. Your name and title:
 5. Your supervisor's name and title:
 6. Names and titles of all subordinates reporting to you:
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Part B - POSITION INFORMATION

1. Are all statements made in the employee's section correct? ☐ YES ☐ NO
Please indicate any additions or exceptions.

2. What are the most important or critical duties of this position? Please explain.

3. What are the most difficult or complex duties of this position? Please explain.

(Please refer to Part D of the Employee's Section to answer questions 4 and 5.)

4. Has this position acquired duties from other positions? ☐ YES ☐ NO
If yes, please identify duties and positions.

5. Have any of the former duties of this position been assigned to someone else? ☐ YES ☐ NO
If yes, which duties and who performs them now?

6. What knowledge, skills, and abilities will an incumbent need to perform the duties of this position competently? Indicate if a license or certification is required.

Part C - REQUEST FOR POSITION CLASSIFICATION/PAY GRADE REVIEW

1. Requested classification or exempt paygrade:
2. Who initiated the request for a review:
3. Reasons for the request:

4. Do you feel that the position should be reclassified (or exempt paygrade changed)?
____ YES ____ NO

Please explain.

To the best of my knowledge, all information in both sections of this PDQ (unless noted above) is accurate and complete.

Supervisor's Signature/Date

Part D - PERSONNEL REPRESENTATIVE'S COMMENTS

Please include any comments you have regarding this position or request.

Center Number:

Supervisor's Position Number:

Personnel Representative's Signature